

Compensation of Hospital Employees

DOH 422-092/CHS 257 (REV' 08/01/2012)

Calendar Year: 2016		Entity Name: Pend Oreille County Public Hospital District #1 dba Newport Hospital & Health Services						
(A) Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(B) Breakdown of W-2 and/or 1099 MISC Compensation			(C) Retirement and Deferred Compensation	(D) Non- Taxable Benefits	(E) Total
			(i) Base Compensation	(ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation			
1 Thomas W Wilbur	X		220,782	23,935		12,452	7,931	265,100
2 Kim M Manus			151,646			9,070	8,567	169,283
3 Christina G Wagar			116,121			6,939	8,547	131,606
4 Joseph J Clouse, Jr			122,347			0	7,870	130,217
5 Julie C Lohman			101,767			6,078	8,531	116,376
6								0
7								0
8								0
9								0
10								0
11								0
12								0
13								0
14								0
15								0

Add Additional lines as needed

Notes:

Please refer to IRS Form 990 and Schedule J for definitions of types of compensation

Form 990 Schedule J <http://www.irs.gov/pub/irs-pdf/i990sj.pdf>

If the five highest paid employees do not include the lead administrator, please report compensation information for the lead administrator on line 1, and for the five highest paid employees without patient care responsibilities on lines 2 through 6.

Please submit compensation information to DOH either by mail, fax or email to the following address:

Washington State Department of Health

Community Health Systems/Hospital Financial and Charity Care Section

MS: 47853

Olympia, WA 98504-7853